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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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(Revised 02/2003)

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	MAIL CENTER
PROGRESS (Number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION N	UNIT #3 DECATUR	A POLICIS ACON ST. Y NEW	5	
4. TYPE OF REPORT (Cr. (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-E	Report (Q1) Report (Q2) erly Report (Q3) nd Report (YE) (c) 30-Da	Primary (12P) Convention (12C) M M / D D on on y POST-Election Report for the	General (12G) Special (12S)	in the State of Special (30S)
5. Covering Period 57 15 3014 through 10 15 3014				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer MS. MICHALESCHILL				
Signature of Treasurer Moderated J. J. Date Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	ng this Report to the per	nalties of 2 U.S.C. §437g.